

THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION/  
CALIFORNIA DEPARTMENT OF MENTAL HEALTH

## APPRENTICESHIP PROGRAM

### ACKNOWLEDGEMENT OF RECEIPT

Apprentice:

Your signature on this document confirms that you have printed from the CDCR website the required documents for the Apprenticeship Program:

- Apprenticeship Program Standards
- Apprenticeship Program Operating Procedures

Additionally, your signature certifies that you have read and understand the Program requirements and your responsibility as an Apprentice.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature